

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	14	Attorney Docket Number	49122-0262 (333412)
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ENCLOSURES (check all that apply)

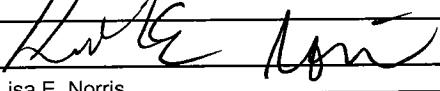
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input checked="" type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Reply to Missing Requirements/ Incomplete Application <input checked="" type="checkbox"/> Reply to Missing Requirements under 35 U.S.C. 371	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Copy of Notification of Missing Requirements
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Kilpatrick Stockton LLP		
Signature			
Printed Name	Zara A. Doddridge, Ph.D.		
Date	January 8, 2007	Reg. No.	59,098

CERTIFICATE OF ELECTRONIC FILING

I hereby certify that this correspondence is being electronically filed with The United States Patent Office via EFS Web on the date shown below.

Signature	
Typed or printed name	Lisa F. Norris
Date	January 8, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENTS
IN THE U.S. PATENT AND TRADEMARK OFFICE

In re Application of: **GARY L. BOWLIN**

Docket No. 49122-0262 (333412)

Serial No. **10/588,344**

I.A. Filing Date: **October 6, 2003**

For: **SEALANTS FOR SKIN AND OTHER TISSUES**

**RESPONSE TO NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C.
371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)**

Attention: Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

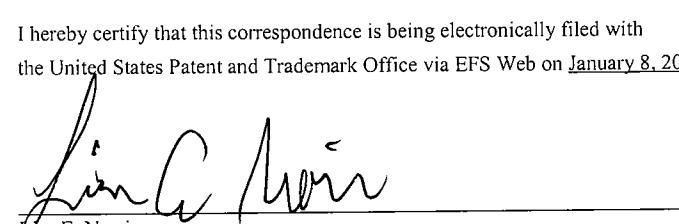
Sir:

Transmitted herewith are papers in the above-identified application.

- Formalities Letter – Notification of Missing Requirements Under 35 USC 371.
- Declaration and Power of Attorney.
- Petition for Extension of Time Under 37 C.F.R. § 1.136.
- The additional fee is calculated as shown below.
- The fee is calculated on the attached PTO/SB/17.
- Applicant claims small entity status.
- A check in the amount of \$ _____ is attached.
- Payment by credit card for \$225.00 to cover the fee for a two-month extension of time.
- The Commissioner is hereby authorized to charge any additional fees required under 37 CFR §1.16, or credit any overpayment, to Account No. 11-0855. A duplicate copy of this sheet is enclosed.

I hereby certify that this correspondence is being electronically filed with
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Lisa E. Norris


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